

IN THE CIRCUIT COURT FOR ADAMS COUNTY, WISCONSIN

In re the Marriage of:

Petitioner,

and

Case No. ____-____-____

Respondent.

NOTICE OF MOTION

*Insert a Hearing Date/Time which you should obtain from the
Clerk of Circuit Court: (608) 339-4208*

Hearing Date: _____, 20____

Hearing Time: _____ o'clock ____m.

Hearing Place: Adams County Courthouse
Courtroom B
400 Main Street
Friendship, WI 53934

Notice is hereby given to:

*Insert address of other party's Attorney
If none, insert the other party's address*

address, line 2

Hon. Dennis M. McFarlin
Circuit Court Commissioner
P. O. Box 220
Friendship, WI 53934

If this family action concerns minor children send notice to:

Adams Co. Child Support Agency
P. O. Box 528
Friendship, WI 53934

check all applicable boxes

MOTION FOR

- ☐ Temporary Order
☐ Modification of Temporary Order dated: _____
☐ Enforcement of Temporary Order dated: _____
☐ Court approval of attached Stipulation (form FA-604)
☐ Modification of Judgment entered: _____
☐ Other relief requested: _____

☐ Husband ☐ Wife Requests that the Court grant the following relief:

Custody of Children

- ☐ Sole Legal Custody of minor child(ren) with
 ☐ Mother ☐ Father
- ☐ Joint Legal Custody between the parties

Physical Placement of Children

- ☐ Physical Placement with Minor Child(ren)
 ☐ Equal physical placement with both parties
 ☐ Specific periods of physical placement with each party

Support

Child Support to be paid by	<input type="checkbox"/> Wife	<input type="checkbox"/> Husband
Maintenance to be paid by	<input type="checkbox"/> Wife	<input type="checkbox"/> Husband

Assignment of Debts and Assets

- ☐ Temporary possession of certain personal property
- ☐ Temporary possession of certain financial accounts
- ☐ Temporary possession of the marital residence
- ☐ Temporary debt assignment
- ☐ Other: _____

Restraining Order

☐ Wife ☐ Husband should be restrained from coming upon the premises of the other party except for purposes periods of physical placement with the minor child(ren).

STATE OF _____)
) SS.
COUNTY OF _____)

AFFIDAVIT

I, being first duly sworn, upon oath state:

1. That I am the party requesting relief in the foregoing motion.
2. That the reason for my request is: _____

3. I further certify that a copy of this Notice of Motion, Motion, and Affidavit in Support were served upon all parties stated above in the Notice of Motion, by placing same in properly addressed, sealed, postage prepaid envelopes and depositing, at or before 4:30 p.m., on the ____ day of _____, 20__ in the United States Post Office located at _____

City/State

signature of person requesting relief

SUBSCRIBED AND SWORN TO before me
this ____ day of _____, 20_____.

Notary Public, _____ County, State of _____
My Commission ☐ Expires: _____
☐ Is Permanent